



MINNESOTA BOARD OF MEDICAL PRACTICE

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MN Relay Service for Hearing Impaired (800) 627-3529

VERIFICATION OF SPECIALTY BOARD CERTIFICATION

This form is for verification of specialty board certification for applicants who have not taken a licensing exam for 10 years. Applicants are required to pass the SPEX exam if it has been more than 10 years since taking the National Board, FLEX, LMCC, or state exam unless the applicant is currently certified by a specialty board of the American Board of Medical Specialties, the American Osteopathic Association Bureau of Professional Education, the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada. The form must be mailed directly by the specialty board (e.g. American Board of Internal Medicine, **not** American Board of Medical Specialties) to the **Minnesota Board of Medical Practice**. Any fees are applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name _____ SS# _____

Signature _____ Date _____

THE SPECIALTY BOARD COMPLETES THE FOLLOWING:

IT IS HEREBY CERTIFIED THAT: (Name of Physician) _____

WAS ISSUED A CERTIFICATE ON: (Month, Day, Year) _____

BY: (Name of Specialty Board) _____

A SPECIALTY BOARD OF (CHECK ONLY ONE):

- ☐ **The American Board of Medical Specialties**
☐ **The American Osteopathic Association/Bureau of Osteopathic Specialists**
☐ **The Royal College of Physicians and Surgeons of Canada**
☐ **The College of Family Physicians of Canada**

EXPIRATION DATE IS: (Month, Day, Year) _____

SEAL*

Print Name _____

Signature _____

Title _____

Date _____

Phone _____

*If there is no seal, attach letter of explanation on letterhead.